



# FORGERY AFFIDAVIT

State Form 52660 (5-06)  
Approved by State Board of Accounts, 2006

INDIANA STATE TEACHERS' RETIREMENT FUND  
150 West Market Street, Suite 300  
Indianapolis, Indiana 46204-2809  
Telephone: (317) 232-3860/ Toll Free: (888) 286-3544  
Fax: (317)232-3882 Web: www.in.gov/trf

## Privacy Notice

Your Social Security Number is being requested pursuant to IRS Code 3405. Disclosure is mandatory and this document cannot be processed without it.

## AFFIDAVIT

\_\_\_\_\_, being duly sworn on  
oath, deposes and says that he/she resides at \_\_\_\_\_  
that Affiant has seen a certain instrument in writing commonly known and described as a check, signed \_\_\_\_\_  
dated \_\_\_\_\_, drawn on the \_\_\_\_\_  
payable to the order of \_\_\_\_\_ in the amount  
of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), endorsed  
\_\_\_\_\_ and purporting to bear the signature of this  
Affiant endorsed thereon.

Affiant further says that said endorsement purporting to be that of Affiant upon the back of said check is not the signature of this Affiant; that said check was never received by this Affiant; Affiant does not know the person who placed Affiant's name on the back of said check; that said endorsement upon said check was not made with the authority, permission, or knowledge of this Affiant; and that Affiant has not received any consideration therefor or any of the proceeds of said check; that this Affiant not ratified, adopted or confirmed the said endorsement; and that said endorsement is a forgery.

## MEMBER/BENEFIT RECIPIENT CERTIFICATION

SIGNATURE

DATE OF SIGNATURE (month, day, year)

## NOTARY PUBLIC CERTIFICATION

State of \_\_\_\_\_

SS:

County of \_\_\_\_\_

Before me the undersigned, A Notary Public for \_\_\_\_\_ County,  
(Officer's county of residence)

State of \_\_\_\_\_, personally appeared \_\_\_\_\_  
(Name of person)

And they, being first duly sworn by me upon their oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Signature of officer \_\_\_\_\_

My commission expires (month, day, year): \_\_\_\_\_

Printed or typed name of officer \_\_\_\_\_